

Notice of 340B Program Cancellation Form for IHCP Managed Care Outpatient Drug Claims

Note: This notice does not apply to Indiana Health Coverage Programs (IHCP) fee-for-service (FFS) 340B program participation. Covered entities (CEs) wishing to withdraw participation from the IHCP FFS 340B Program must notify the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA) for removal from the Medicaid Exclusion File (MEF).

CEs choosing to end participation in the 340B program for members enrolled in the IHCP managed care plans must notify the Office of Medicaid Policy and Planning (OMPP) using the *Notice of 340B Program Cancellation Form*. The CE must complete this form to indicate that it and associated in-house and/or contract pharmacies will no longer participate in submitting 340B outpatient drug claims for IHCP managed care members. Outpatient drug claims submitted by non-participating entities will be eligible for federal and supplemental rebate invoicing by IHCP. The *Notice of 340B Program Cancellation Form* may additionally be utilized by CEs for pharmacy network contract removals.

By completing and signing the *Notice of 340B Program Cancellation Form*, the CE is notifying the IHCP that it and any associated in-house or contract pharmacies are terminating their participation in the IHCP Managed Care 340B Program.

The *Notice of 340B Program Cancellation Form* must be completed, signed and submitted to the OMPP at OMPP340B@fssa.in.gov. The OMPP will acknowledge receipt of the completed form via email within 14 business days. The CE must ensure the submitted form includes correct contact information, including email and fax number.

Reason for Submission: (complete all applicable):

Update Reason	Check	Date of Change (MM/DD/YYYY)
Covered Entity Cancellation (Complete <i>Covered Entity Information</i> section)		
Contract Pharmacy Removal (Complete <i>Covered Entity Information AND Pharmacy Information</i> sections)		
In-House Pharmacy Removal (Complete <i>Covered Entity Information AND Pharmacy Information</i> sections)		

Please note: A CE's in-house pharmacy and/or contract pharmacies may no longer submit 340B outpatient drug claims for IHCP managed care members after the CE has canceled IHCP managed care 340B program participation.

IHCP Managed Care 340B Program Cancellation Information

Note: If more space is needed, please create a Microsoft Excel sheet with the information needed from the table and attach with submission.

Covered Entity Information		
Contact Information		
Name		
Email Address		
Phone Number		
Covered Entity		
Name		
Address		
City		
State		
Zip Code		
NPI		
340B ID		
Medicaid Provider Number (IHCP Provider ID)		
Participation with Managed Care Plan (Yes or No)		
Anthem	Yes	No
CareSource	Yes	No
Humana	Yes	No
Managed Health Services (MHS)	Yes	No
MDwise	Yes	No
UnitedHealthcare	Yes	No

Pharmacy Information	
In-House Pharmacy OR Contract Pharmacy	
Contact Person Information Same as Covered Entity	
Name	
Email Address	
Phone Number	
Pharmacy Information	
Name	
Address	
City	
State	
Zip Code	
NPI	
Pharmacy Information	
In-House Pharmacy OR Contract Pharmacy	
Contact Person Information Same as Covered Entity	
Name	
Email Address	
Phone Number	
Pharmacy Information	
Name	
Address	
City	
State	
Zip Code	
NPI	

Covered Entity:

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Office of Medicaid Policy and Planning:

Printed Name: _____

Signature: _____

Title: _____

Date: _____